



TFW 2875

PTO/SB/81 (01-06)

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Application Number	10/047,660
Filing Date	01/15/2001
First Named Inventor	Louisa Shaefer
Title	Improved Night Light w/ Programmabl
Art Unit	2875
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert M. Mason	33,067

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<input checked="" type="checkbox"/> Firm or Individual Name	Robert M. Mason				
Address	Mason & Petruzzi 13601 Preston Rd., 402W				
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Country	United States of America				
Telephone	(972) 788-1500	Email	RMason@MasonPetruzzi.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Louisa Shaefer</i>	Date	02/13/2006
Name	Louisa Shaefer	Telephone	210-545-4771
Title and Company	Shaefer & Associates		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/047,660
Filing Date	01/15/2001
First Named Inventor	Louisa Shaefer
Art Unit	2875
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Robert M. Mason Mason & Petrucci				
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Country	United States of America				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Louisa Shaefer		
Date	02/13/2006	Telephone	210-545-4771

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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